

SUBGRANT APPLICATION

Montana Board of Crime Control

PO Box 201408

3075 North Montana Avenue

Helena, MT 59620-1408

(406) 444-3604

PLEASE FILL OUT THIS FORM COMPLETELY TO AVOID DELAYS IN PROCESSING THIS APPLICATION.

[REFER TO RFP# 04-11 \(E\) LLEBG](#)

Section 1. Face Page Subgrant Application

Applicant Agency Name:			
Address:			
City		State:	Zip:
County:	Agency e-mail	Phone	
Federal Employer or Payee Identification Number (FEIN):			
Private Nonprofit (<i>circle one</i>): Yes (<i>If yes, attach IRS Documentation</i>) No			
Project Director Name:		Title:	
Address		Phone:	
City	E-mail Address	State	Zip
Project Title:			
Project Duration (not to exceed 12 months):	Start: / / Month Day Year	Finish: / / Month Day Year	
Other Federal Support (If using other federal support on this project, it must identified and explained):			

NEEDS STATEMENT (One Page)
Subgrant Application

Project Budget

Subgrant Application for Montana Board of Crime Control

A. Personnel	MBCC/Fed	Local/Match	TOTAL
	\$		
<i>Employee Fringe Benefits</i>			
TOTAL	\$		
B. Contracted Services	MBCC/Fed	Local/Match	TOTAL
	\$		
TOTAL	\$		
C. Travel and Per Diem	MBCC/Fed	Local/Match	TOTAL
	\$		
TOTAL	\$		
D. Equipment	MBCC/Fed	Local/Match	TOTAL
	\$		
TOTAL	\$		
E. Operating Expenses	MBCC/Fed	Local/Match	TOTAL
	\$		
TOTAL	\$		

Total Project Budget -- Combined totals for all columns	\$	\$	\$
MBCC Share of Project Budget _____ %	%	%	%

BUDGET NARRATIVE

Subgrant Application

Section 5. Special Assurances and Conditions

Subgrant Application for Montana Board of Crime Control

Assurances of Compliance with Civil Rights Act of 1964: The applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964, as amended, and all requirements imposed by or pursuant to Regulations of the Department of Justice (28 CFR Part 42) issued pursuant to that title, to the end that no person shall on the ground of race, color, religion, national origin, sex, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, or denied employment in connection with any program or activity funded in whole or in part with funds made available under this title.

Non-supplanting Requirements: Funds or other resources of the applicant normally devoted to programs and activities designed to meet the needs of criminal justice will not be diminished in any way as a result of a grant award of federal funds.

The project for which assistance is being requested will be in addition to, and not a substitute for, criminal justice services previously provided without federal assistance.

Audit Requirement: Acceptance of this grant award requires the subgrantee organization or governmental entity to include this subgrant in the scope of their regularly scheduled annual or biennial audit. The audit must be conducted in accordance with the appropriate OMB Circular (A-128, A-133, A-102/Common Rule).

Applicants Agreement: It is understood and agreed by the applicant: that any grant received as a result of this application shall be subject to the Grant Conditions and other policies, regulations, and rules issued by the Department of Justice for the administration of grant projects under (P.L. 100-690) including, but not limited to, the following:

- 1) Competitive bids must be obtained for all equipment, construction and contracted services applications, as required by applicable local, state, or federal law or regulations. Accepting other than the lowest bid requires prior approval of the Board of Crime Control;
- 2) The grant may be terminated in whole, or in part, by the Board of Crime Control at any time;
- 3) Appropriate grant records and accounts will be maintained and made available to the Montana Board of Crime Control, Office of the Legislative Auditor, or the Legislative Fiscal Analyst upon request;
- 4) The grantee shall assume the costs of improvements funded after a reasonable period of federal assistance;
- 5) If any agency other than the applicant is to contribute matching funds, that agency must document their contribution;
- 6) Any funds awarded under one subgrant cannot be used in another;
- 7) Expenditures for items not listed on the original budget are subject to refund and/or penalty. Variances from the approved subgrant will require an amendment approved in advance by the Board of Crime Control;
- 8) All applicants are subject to federal, state, and local laws and regulations;
- 9) The subgrantee shall not obligate any funds until subgrant is formally awarded by the Board of Crime Control; and
- 10) Draw down of funds is contingent upon submission of quarterly financial reports and quarterly progress reports.
- 11) When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money, all grantees receiving federal funds shall clearly state: 1) the percentage of the total cost of the program or project which will be financed with federal money, and 2) the dollar amount of federal funds for the project or program.
- 12) Rules 23.14.101 et seq. of the Administrative Rules of Montana.
- 13) The subgrantee agrees to comply with the National Environmental Policy Act (NEPA) and other related federal environmental impact requirements in the use of these grant funds either directly or indirectly by sub-contractors.

Official Budget Director

Date

Signature Page
Subgrant Application

The officials who certify this document agree to adhere to all terms and conditions relating to this application. Duplication of responsibilities by one individual for any position listed below is NOT acceptable. Original signatures are required. (Please refer to the Application Guidelines regarding signatures.)

A. Official Budget Representative (City/County Commissioner, Mayor, Department Head)

Name	Title
Address	City
Zip	Telephone
Date	Signature

B. Project Director

Name	Title
Address	City
Zip	Telephone
Date	Signature

C. Financial Officer

Name	Title
Address	City
Zip	Telephone
Date	Signature

D. Clerk/Clerk & Recorder (Cities and Counties Only)

Name	Title
Address	City
Zip	Telephone
Date	Signature